

#5/Change Address

PTO/SB/122 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

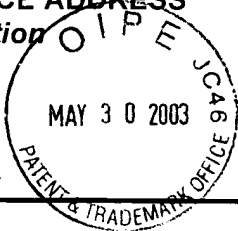
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6/9/03

Hayes

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Application Number	09/940,109
	Filing Date	08/27/2001
	First Named Inventor	Stanley D. Echols, et al.
	Art Unit	2878
	Examiner Name	
	Attorney Docket Number	043537.003



Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 25,461 
Type Customer Number here

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

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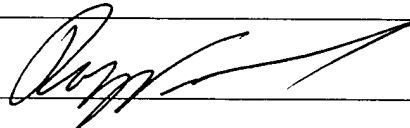
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Robert J. Veal, Reg. No. 30,895

Signature 

Date May 28, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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2878

PTO/SB/21 (05-03)

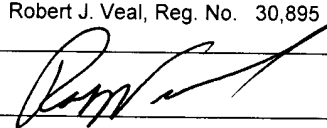
Approved for use through 04/30/2003. OMB 0651-0031

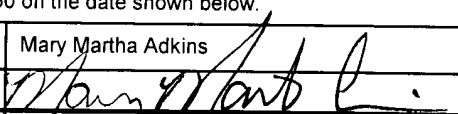
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/940,109
		Filing Date	08/27/2001
		First Named Inventor	Stanley D. Echols, et al.
		Art Unit	2878
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	043537.003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert J. Veal, Reg. No. 30,895
Signature	
Date	May 28, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Mary Martha Adkins		
Signature		Date	May 28, 2003

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